

City of Albuquerque
Dental Premiums Benefits Comparison Chart- July 1, 2005 to June 30, 2006

PLAN BENEFITS	UNITED CONCORDIA HIGH OPTION 800-332-0366 www.ucci.com		UNITED CONCORDIA LOW OPTION 800-332-0366 www.ucci.com	
	Deductible	\$50/\$150 family lifetime	In-network /Out-of-network	
Annual Maximum Benefit	\$1,500 per contract year	\$25 per contract year	\$1,000 per contract year	
<u>Class I - Diagnostic/Preventive Services</u>				
Routine Cleanings/exams (2 per year)	100%	80%	*25%	
Bitewing X-Rays (2 per year)	100%	80%	*25%	
Full Mouth X-rays (1 complete set up every 5 years)	100%	80%	*25%	
Fluoride Treatment (2 per year up to age 19)	100%	80%	*25%	
Emergency treatment for relief of pain	100%	80%	*25%	
Sealants (permanent molars only)	100%	80%	*25%	
	up through age 16	up through age 16		
<u>Class II - Basic Services</u>				
Fillings (amalgam fillings on posterior teeth, composite resin fillings for anterior teeth only)	*85%	*80%	0%	
Stainless steel crowns	*85%	*80%	0%	
Root Canal Therapy	*85%	*80%	0%	
Simple Extractions	*85%	*80%	0%	
General Anesthesia (in conjunction with Oral Surgery)	*85%	Not covered		
Complex Oral Surgery	*85%	*25%	0%	
Non-surgical and surgical periodontal services	*85%	*80%	0%	
Prescription medications for dental related conditions	*85%	Not covered		
<u>Class III - Major Services</u>				
Crowns (only when teeth cannot be restored with a filling)	*50%	*25%	0%	
Removable partial or complete dentures	*50%	*25%	0%	
Fixed Bridge	*50%	*25%	0%	
Missing tooth exclusion applies				
NO deductible applies		Not Covered		
50%				
\$1,200 max/person		Not Covered		
Employee & enrolled dependents				
<u>Orthodontic Services</u>				
Diagnostic, active and retention treatment (LIFETIME MAXIMUM)				

*** DEDUCTIBLE APPLIES**

THIS IS A BRIEF SUMMARY ONLY. FOR A FULL DISCLOSURE OF COVERAGE, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO INFORMATION AVAILABLE IN THE HUMAN RESOURCES DEPARTMENT, 400 MARQUETTE NW, 7TH FLOOR, ROOM 702, 768-3758, (TTY 768-3730).